

**FOLLOW-UP REVIEW OF TRAINING CENTERS  
OPERATED BY  
DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION &  
SUBSTANCE ABUSE SERVICES  
NOVEMBER – DECEMBER 2005**

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Prepared by:  
Office of the Inspector General for Mental Health,  
Mental Retardation & Substance Abuse Services

James W. Stewart, III  
Inspector General

OIG REPORT #125-05



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# **FOLLOW-UP REVIEW OF TRAINING CENTERS**

## **INTRODUCTION**

The Office of the Inspector General for Mental Health, Mental Retardation & Substance Abuse Services (OIG) conducted an unannounced follow-up review at each of the five training centers operated by the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) between November 8 and December 14 2005. The facilities and inspection dates were as follows:

Central Virginia Training Center (CVTC) / December 12-14, 2005  
Northern Virginia Training Center (NVTC) / November 8-9, 2005  
Southeastern Virginia Training Center (SEVTC) / November 27-29, 2005  
Southside Virginia Training Center (SVTC) / November 20-22 and December 5-7, 2005  
Southwestern Virginia Training Center (SWVTC) / November 14-16, 2005

This series of inspections was carried out in order to assess progress by DMHMRSAS and the training centers toward recommendations that were made by the OIG approximately one year ago following primary inspections that were conducted at each training center between August 19 and October 14, 2004. The results of the earlier inspections by the OIG were documented in Report #107-04 Systemic Review of the Training Centers. The earlier report included 9 systemic recommendations and individual facility recommendations for CVTC, SEVTC and SWVTC.

Teams of two to four OIG inspectors visited each of the five training centers. Record reviews were conducted of 248 clinical charts of which 78 received a more intensive review and cross analysis with interview findings. Interviews were conducted with 84 facility staff of which 74 were in direct care, 13 facility consumers, 67 family members and authorized representatives, 77 CSB case managers, facility directors, and directors of residential services. OIG staff visited 56 residential units across all five training centers. The inspection review teams included OIG staff members Jim Stewart, Heather Glissman, John Pezzoli and Cathy Hill as well as contractual consultants Johathan Weiss, Ann White and Karen O'Rourke.

This report includes the following for each recommendation: the full text of the original recommendation and DMHMRSAS response, a listing of the key elements of each recommendation, an assessment of progress for each key element, and an indication of whether the recommendation remains ACTIVE or not. For the most efficient review of this report it is recommended that the reader attend only to the Key Elements and Assessment of Progress.



## OIG FOLLOW-UP REVIEW OF TRAINING CENTERS

**MR Systemic Recommendation 1:** It is recommended that each training center review its mission statement and make any needed changes to assure consistency with the system-wide vision statement adopted recently by DMHMRSAS. Once this is done, each facility should review its strategic objectives and initiatives to assure that these are consistent with the system vision statement and revised facility mission statement.

**MR Systemic Recommendation 2:** It is recommended that each facility develop a clearly stated set of values or principles that are consistent with the system vision statement. The purpose of these values or principles will be to guide how services are delivered to residents and how the facility will relate to a broader system of care. Once these statements are established, each facility should take the necessary steps to assure that the actions of staff at all levels and the culture of the facility reflect the value or principle statements.

**DMHMRSAS Response:** *Because of the inter-relatedness of these two recommendations, DMHMRSAS responses to OIG recommendations 1 and 2 are combined.*

*The Assistant Commissioner for Facility Management will assure that each MR facility has received copies of the Department's mission, vision, and values statements. Each training center will review their vision and mission statements for consistency with those of the DMHMRSAS. A meeting will be called with the training center Directors and other representatives to review each MR facility's mission statements, strategic objectives and initiatives, guiding values and principles, and staff training methods. The goals of this initiative are threefold:*

- 1.) to ensure that facility mission statements are consistent with the system's vision and mission statements;*
- 2.) to ensure the facility has a clearly stated set of values and principles that are consistent with the system vision and that will guide both service delivery to consumers and facility relationships with external partners in the service system;*
- 3.) and to identify actions necessary to assure that each facility's culture and staff behaviors reflect those values and principles*

*Target completion date for this initiative is June 30, 2005.*

Recommendation 1 and 2: Key Elements	Assessment of Progress – Fall 2005
<p>A. Each facility review mission statements for consistency with the DMHMRSAS system-wide vision statement.</p> <p>B. Each facility develop clearly stated values and principles that are consistent with system vision statement to guide how services are</p>	<ul style="list-style-type: none"> <li>• Each of the five training centers has completed a review of it's organizational mission and value statements. At each of the facilities this process involved members of the facility's leadership team. Some facilities involved a broader array of staff in the process.</li> <li>• The OIG has reviewed the mission and value statements of each of the five training centers and found these documents to be consistent with the spirit and intent of the DMHMRSAS system vision statement. CVTC and NVTC statements do not clearly incorporate the concept of</li> </ul>

delivered to residents and how the facility will relate to a broader system of care.	<p>consumer participation. NVTC does not address how the facility will relate to the broader system of care.</p> <ul style="list-style-type: none"> <li>• The Assistant Commissioner for Facility Management reported that progress toward agreed upon actions related to this recommendation has been incorporated as an expectation in each facility director's performance evaluation.</li> </ul>
C. Each facility review strategic initiatives and objectives to assure consistency with the DMHMRSAS vision statement and the facility's mission.	<ul style="list-style-type: none"> <li>• NVTC, SEVTC, SVTC and SWVTC have conducted a comprehensive review of strategic directions. The OIG did not find evidence that CVTC has reviewed strategic objectives and initiatives to assure that they are consistent with the system vision statement and revised facility mission statement.</li> </ul>
D. Each facility take the necessary steps to assure that the actions of staff at all levels and the culture of the facility reflect the value or principle statements.	<ul style="list-style-type: none"> <li>• Each facility reported having taken steps to educate staff about the organizational values or principle statements, however, interviews at all levels revealed that most staff at the majority of training centers are not familiar with the concepts contained in the value or principle statements and are not aware that these documents have been reviewed and/or modified by facility leadership. <ul style="list-style-type: none"> <li>○ Only 34% of staff across all five training centers provided answers that were consistent with the mission and values of their own facility and the system Vision statement. This ranged from only 11% at SVTC to 64% at SWVTC.</li> </ul> </li> <li>• Few staff at the training centers described their responsibility as providing support to help consumers meet their personal goals, prepare for community living, etc. The majority of staff express that treating consumers with dignity and respect and providing for their basic daily care are the only values and purpose of the organization.</li> <li>• Administrative staff at all five training centers reported that information regarding changes in mission and value statements has been disseminated to staff primarily through established supervisory channels. However, a significant number of direct care had no awareness that their facility had revised mission and values. This ranged from no awareness by any staff who were interviewed at NVTC to awareness by 88% of staff at SEVTC.</li> <li>• Other efforts to expose direct care staff to the concepts outlined in the statements have occurred through new staff orientation, annual trainings, posters, and other written materials. <ul style="list-style-type: none"> <li>○ SEVTC leadership reported that an expectation that staff be familiar with the mission and values has been incorporated in employee performance expectations.</li> <li>○ SWVTC used the mission statement to establish performance measures that will be tracked by the Quality Improvement Council. These performance measures have also</li> </ul> </li> </ul>



	<p>been adapted for inclusion in employees' work-plans.</p> <ul style="list-style-type: none"> <li>• When asked what actions have been taken to date to move closer to a consumer-focused environment the following responses were provided: <ul style="list-style-type: none"> <li>○ CVTC, NVTC and SVTC with the support of DMHMRSAS engaged Tom Pomeranz to provide consultation and/or training.</li> <li>○ NVTC has made an effort to give consumers who have verbal skills increased opportunities to express preferences for activities. A greater effort has been made to provide increased choices regarding meals to those who go off campus during the day.</li> <li>○ SWVTC posted "A Life Like Yours" signs throughout the campus and followed this with staff discussions of the concept. The facility has implemented Essential Lifestyle Planning that increases consideration for consumer preferences when developing individual plans.</li> <li>○ SEVTC expressed the position that the facility will not be able to do any more in the way of offering choice until more consumers are discharged and the census is smaller.</li> </ul> </li> <li>• None of the five training centers was able to describe specific longer term plans that have been established to assure that the actions of staff at all levels and the culture of the facility reflect the value or principle statements.</li> <li>• The universal meeting described in DMHMRSAS' plan of action, which would have allowed for a systemic dialogue of each facility's mission, values and the development of an overall action plan for assuring that each facility's culture and staff behaviors reflect these principles has not occurred.</li> </ul>
<b>Recommendation Status</b>	<b>Additional Action Recommended</b>
Recommendations 1 and 2 remain <b>ACTIVE</b> .	<ul style="list-style-type: none"> <li>• Each facility with the assistance of DMHMRSAS will develop a plan with specific action steps and target dates to achieve an organizational culture that reflects the mission and values of the organization. Each plan will address needed training, expectations of supervisory staff and an organizational assessment for measuring progress.</li> </ul>
<p><b><i>DMHMRSAS 4/12/06 Response:</i></b></p> <p><i>The Assistant Commissioner for Facility Management has incorporated performance measures related to these recommendations in each Facility Director's performance agreement. In addition, a plan will be developed and submitted by each Training Center Director to the Assistant Commissioner for Facility Management by September 2006 that identifies action steps to be taken and note target dates for completing those actions as they relate to organizational culture change and mission and values of the organization. The Department will be inviting the Inspector General to the May 2006 meeting of the Training Center Directors to discuss his findings concerning training center cultures and to participate in a dialogue regarding strategic initiative methodology to 1) identify expectations of staff 2) identify training needed to reach cultural objectives and 3) identify</i></p>	

*facility specific performance measures relative to cultural change.*

**MR Systemic Recommendation 3:** It is recommended that DMHMRSAS establish a statewide policy that clarifies the role of the training centers in providing emergency services to consumers with mental retardation who demonstrate severe behavior management problems and consumers who are dually diagnosed with mental retardation and mental illness. This policy should state clearly what conditions are appropriate for emergency admission, which are not, and when it is appropriate for an individual with either of these conditions to be admitted to a state mental health hospital.

*DMHMRSAS Response:* The Department has initiated a comprehensive effort within the regions (Regional Partnerships) to develop strategic directions and an integrated strategic plan for both MH and MR services. For MR, the Regional Partnerships will address: a.) changes in utilization of training center and community ICF/MR beds; and the community services and supports that must be created or expanded to meet need by the end of each of the next three biennia (FY 06-08, FY 08-10, and FY10-12). Each region will consider required state facility capital infrastructure costs in deciding the specific types, amounts, and location of services as well as current healthcare markets and projected population and demographic changes. The MR Special Populations Workgroup has been charged with developing a methodology to assist each Regional Partnership as it examines future need for ICF/MR beds and other MR services needed. Clarification of the role of state training centers and the populations that they will serve will be an important part of the Regional Partnership discussions and planning.

*Addressing the needs of consumers with mental retardation who demonstrate severe behavior management problems and those who are dually diagnosed with mental retardation and mental illness (MR/MI) has been a concern of the Department. At the regional level, training center staff, psychiatric facility staff, and Community Service Board (CSB) staff have been engaged in a collaborative effort to determine the most appropriate services and placement for this population. This is done both on a case-by-case basis as well as on a regional planning level.*

*The Division of Facility Management, in collaboration with the Office of Mental Retardation, and the Regional Partnership representatives will review recommendations made by the MR Special Populations Work Group and work with the Facility Directors and CSBs to examine regional need for, and access to, facility emergency services by this population and others. This will include identification of barriers to access as well as outcomes of requests during FY 2004 and the first half of FY 05; and will include development of action steps as indicated. Target date for completion is May 30, 2005.*

*The State Board for DMHMRSAS has promulgated two policies pertaining to services to consumers with dual diagnosis: Policy 1015(SYS) 86-22, Facility and Community Services Board Services to Persons who have Co-occurring Mental illness, Mental Retardation, and/or Substance Abuse (MICA, Mentally Ill Chemical Abusers, SA/MH, MH/MR, SA/MR or MH/MR/SA); and Policy 1017(SYS)86-31, Facility and Community Services Board Services to Persons with Mental Retardation and Mental Illness). Copies of these policies are attached for OIG review. These policies were last updated in 1993 and 1992, respectively.*

*State Board Policy 1015 posits the responsibilities of State facilities and CSBs “for ensuring, within available resources, that persons who have co-*

*occurring mental illness, mental retardation and/or substance abuse disorders receive the services they require and to charge the Department with policy implementation” (page2). This policy emphasizes the provision of appropriate, comprehensive assessments, pre-screening and services throughout the system of care; provision of integrated, coordinated care that meets individual needs; and encourages development of programs for persons with multiple impairments.*

*State Board Policy 1017 posits facility and CSB responsibility specifically to ensure that individuals with mental retardation and mental illness receive necessary services. This policy states:*

*“... If pre-screening and evaluation indicate that a mentally retarded individual requires inpatient hospitalization for acute stabilization of a mental disorder which cannot be provided in any less restrictive setting, such inpatient hospitalization is provided by the State hospital system. ... Training Centers will be responsible for coordinating services for the less intensive mental health needs of their residents with mental illness if their disorder does not require inpatient psychiatric hospitalization” (page 2).*

*These policies are due to be reviewed and updated. Revisions to reflect more person-centered language and to better address current practices are indicated. Because of recent turnover from new appointments, the State Board has not been able to address review as yet. To facilitate a timely update, a collaborative review of these policies first will be conducted internally by the DMHMRSAS program Offices (Mental Health, Mental Retardation, Substance Abuse Services), Operations/QA, and Planning and Development as well as by the MH and MR Facility Directors, or designees. The Associate Commissioner for Facility Management will convene and coordinate this review. Recommendations for revisions will be developed and forwarded to the State Board by September 1, 2005.*

<b>Recommendation 3: Key Elements</b>	<b>Assessment of Progress – Fall 2005</b>
A. DMHMRSAS develop of state-wide policy that (1) clarifies the role of training centers in providing emergency services to consumers with mental retardation who demonstrate severe behavior management problems and consumers who are dually diagnosed with mental retardation and mental illness and (2) states clearly what conditions are appropriate for emergency admissions to a training center and which are not, and (3) when it is appropriate for an individual with either of these conditions to be admitted to a state mental health hospital.	<ul style="list-style-type: none"> <li>• This has not been accomplished.</li> </ul>
B. DMHMRSAS coordinate review of State Board Policies 1015 and 1017 with	<ul style="list-style-type: none"> <li>• DMHMRSAS reviewed State Board policies 1015 and 1017 that deal with dual diagnoses, and combined the two policies into a new policy 1015 entitled “Services for Individuals with</li> </ul>

<p>recommendations sent to State Board by September 1, 2005</p>	<p>Co-Occurring Disorders” that was approved by the State Board on September 7, 2005</p> <ul style="list-style-type: none"> <li>• While this new policy provides overarching guidance for services to those with all types of co-occurring disorders, it does not address the specific issues raised by the OIG related to individuals with mental retardation who demonstrate severe behavior management problems and consumers who are dually diagnosed with mental retardation and mental illness.</li> </ul>
<p>C. DMHMRSAS ask Regional Partnerships to develop strategic directions and integrated strategic plan to address a) <u>changes in utilization of training centers</u> and community ICF/MR beds and b) need for expanded community services/supports. Each region is to consider required state facility capital costs in deciding <u>specific types, amounts and location of services</u>. At regional level partnerships engaged in effort to determine <u>most appropriate services</u> and placements for this population.</p>	<ul style="list-style-type: none"> <li>• This has not been accomplished.</li> <li>• Goals established by the Regional Partnerships are outlined in the DMHMRSAS Comprehensive Plan 2006-2012 and the Integrated Strategic Plan. <ul style="list-style-type: none"> <li>○ Following are the references to specific plans for individuals with co-occurring MR/MI diagnoses and/or behavioral challenges: <ul style="list-style-type: none"> <li>▪ Region 3 Far Southwest VA – Establishes a goal to increase public education/awareness of MR/MI program “Pathways”, which targets both the public and increases direct care staff awareness.</li> <li>▪ Region 4 Central VA – Establishes a specific goal with plans for an Emergency Bed Project at SVTC and an Emergency Residential Program on the grounds of SVTC to brief stays for individuals who live in the community and have behavioral challenges.</li> <li>▪ Region 5 Eastern VA – Establishes a goal to establish a Center of Excellence at SEVTC, with an outreach component similar to PACT for MR consumers.</li> <li>▪ Region 7 Catawba Area – Provide comprehensive system of crisis diversion and treatment, inpatient and outpatient, for adults with mental illness and co-occurring disorders such as mental retardation or substance abuse.</li> </ul> </li> <li>○ One region, Region 2 in Northern VA, calls on DMHMRSAS to carefully consider regional recommendations regarding persons with dual diagnosis of MR/MI but does not establish a specific goal related to this population.</li> <li>○ Region 1 Western VA and Region 6 Southern VA make no reference to programming for this population</li> </ul> </li> <li>• With the exception of the work in Region 3 to establish the “Pathways” program at SWVTC and the plans established in Region 4 to create special programs at SVTC, work within the Regional Partnerships to date has made very limited progress toward clarifying the role of training centers in providing emergency services to consumers with mental retardation who demonstrate severe behavior management problems and consumers who are dually diagnosed with mental retardation and mental illness and clarifying what conditions are appropriate for</li> </ul>

	<p>emergency admissions, which are not and when it is appropriate for an individual with either of these conditions to be admitted to a state mental health hospital.</p>
<p>D. MR Special Population Workgroup charged to develop methodology to assist Regional Partnerships as they examine future need for ICF/MR beds and other MR services.</p>	<ul style="list-style-type: none"> <li>• This has not been accomplished.</li> </ul>
<p>E. Division of Facility Management, with Office of Mental Retardation and Regional Partnerships review recommendations made by Special Population Workgroup and with facility directors and CSBs to examine regional need for, and access to, facility emergency services. This will include a) identification of barriers to access, b) outcomes of requests during FY2004 and first half of FY2005 and c) development of action steps as indicated. Target date is May 30, 2005.</p>	<ul style="list-style-type: none"> <li>• This has not been accomplished.</li> </ul>
<p>F. In response to OIG questions about current admission procedures for this special population, facility directors provided these summaries.</p>	<ul style="list-style-type: none"> <li>• Admission procedures for individuals with co-occurring disorders have been reviewed within each region. The directors of the five training centers reported the following procedures: <ul style="list-style-type: none"> <li>○ NVTC – The facility reported that efforts are made to work with the community services boards to provide assessments and consultation within the community as an alternative to admission whenever possible. However, when an emergency admission is unavoidable, the facility works with NVMHI to determine on a case-by-case basis which setting is most appropriate for addressing the presenting symptoms of the consumer.</li> <li>○ SWVTC – This facility indicated that emergency admissions are addressed through the Regional Planning Group. Admissions for known or previously served consumers can occur directly to SWVTC. Individuals who are unknown to the training center and require extensive assessment are admitted to SWVMHI for stabilization and treatment before transfer to SWVTC for extended care occurs with the approval of the appropriate Regional Group. SWVTC, with the involvement of the CSBs within the region, has developed a specialized program called “Pathways” on the facility campus specifically to provide short-term services to individuals with mental retardation who have mental illness or severe behavioral problems.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ SEVTC - Persons displaying acute behavioral problems are first admitted to a psychiatric facility before transfer to SEVTC for extended services. ESH, SEVTC and local CSBs have established crisis planning protocols.</li> <li>○ SVTC – The Regional Consortium that is composed of SVTC, CSH and the regional CSBs have established a written agreement that calls for the designation of four training center beds specifically for the care and treatment of emergency admissions. The CSBs participate in the management of these beds.</li> <li>○ CVTC – The facility, with the opening of a Regional Community Support Center, is beginning to provide increased consultation within the community to avoid unnecessary admissions. When emergency placements are necessary, CVTC and WSH review each case to determine which facility is appropriate for the admission.</li> </ul>
<b>Recommendation Status</b>	
<b>Recommendation 3 remains ACTIVE.</b>	
<p><b>DMHMRSAS 4/12/06 Response:</b></p> <p><i>Leadership of DMHMRSAS charged that this concern be forwarded to the members of the Systems Operations Team (SOT) at their March 8, 2006 meeting. This Team, comprised of Central Office, CSB and facility representation, has primary responsibility for addressing an issue, engaging and arranging for support of responsible parties concerning resolution of system operational issues, and monitoring completion of assignments. At the March 8th, meeting it was agreed that the Assistant Commissioner for Community Programs would contact lead persons in regions where there are successful census management/ utilization review teams (Region IV, SWVTC. These persons would be participants in a convened group of individuals representing CSB, training centers and state hospitals in each region to reach an agreement on critical success factors for operations of regional teams, especially as they relate to emergency services for the MR/MI populations. These identified factors could potentially serve as the foundation for the development of a Statewide policy and guidelines related to the OIG recommendation. This work product should be completed by October 1, 2006.</i></p> <p><i>In addition, the Office of Mental Retardation has created a draft white paper related to waiver and Community Based ICF/MR Services. After further internal discussion, this paper could lead to a position paper regarding development of community programs that could function in the service of the dually diagnosed (MH/MR) populations. The draft paper is available to the OIG upon request.</i></p>	

**MR Systemic Recommendation 4:** It is recommended that DMHMRSAS conduct a study to determine the appropriate staffing ratio for direct care workers and professional clinical and rehabilitation positions in the training centers before efforts are made to significantly alter staffing patterns. This study should take into account the changes in population served and census that have occurred in the facilities over the past decade since the Department of Justice (DOJ) settlement agreement with NVTC was established.

**DMHMRSAS Response:** *The Department has been monitoring staffing needs of all training centers during formulation of the NVTC/Department of Justice (DOJ) settlement agreement as well as on an on-going basis since that Agreement. Unlike NVTC, the other Training Centers did not receive sufficient funding to meet the staffing ratios in the agreement. DMHMRSAS annually has submitted a request to the Department of Planning and Budget and /or the General Assembly for funding positions for direct care workers, professional clinical staff and rehabilitation staff. In making these requests, comparisons were made between current staffing levels and those established in the NVTC/DOJ settlement agreement. Exploration of national staffing models for state training centers has been conducted. However, no standard ratios were found; and the NVTC/DOJ ratios were adopted.*

*To more fully address staffing needs at the training centers, the DMHMRSAS has been collaborating with the facilities as well as our Office of Human Resource Development. Two current initiatives focus on Relief Factor and patient acuity. Examination is underway of the amount of Relief Factor needed to ensure appropriate coverage for direct care services. Relief factor is a numerical value used to calculate the number of persons needed to cover a position 24 hours, seven days a week. Determination of the relief factor involves calculation of many variables that impact coverage (e.g., all types of leave, training time, workman's compensation, among others).*

*A related initiative is examination of standardized, validated methods for determining consumer acuity of needs, which is a fundamental indicator for determining staffing levels. At this time, the Department is examining adoption of the Supports Intensity Scale (SIS), which is an assessment tool developed exclusively to help identify and measure the support needs of adults with mental retardation. The SIS was developed by, and is available through, the American Association on Mental Retardation (AAMR). Staff training by AAMR recommended trainers would be necessary to ensure reliability. The data gleaned would provide an indication of consumer clinical acuity that then could be used to determine staffing needs at each facility relative to population change.*

*The target completion date for these initiatives is August 2005.*

Recommendation 4: Key Elements	Assessment of Progress – Fall 2005
A. DMHMRSAS conduct study to determine appropriate staffing ratio for direct care workers and professional clinical and rehabilitation	<ul style="list-style-type: none"> <li>A study to determine appropriate staffing ratios that takes into account the changes in population served and census that have occurred in facilities since the DOJ settlement agreements with NVTC has not been initiated by DMHMRSAS. DMHMRSAS continues to</li> </ul>



positions.	use the DOJ Settlement Agreement that was executed in 1996 as the benchmark for training center staffing ratios.
B. DMHMRSAS examine relief factor needed to ensure appropriate coverage for direct care services. Target: August 2005.	<ul style="list-style-type: none"> <li>• Work on the staffing relief factor has been completed.</li> </ul>
C. DMHMRSAS examine standardized, validated methods for determining consumer acuity of needs. Target: August 2005.	<ul style="list-style-type: none"> <li>• This project is not yet complete. Interviews revealed the DMHMRSAS is currently examining adoption of the Supports Intensity Scale (SIS), an assessment tool developed by the American Association on Mental Retardation (AAMR) to help identify and measure the support needs of adults with mental retardation. The application of consistent standards to determine the level of support needs for persons within the facilities and the community has been identified as a system goal in the Comprehensive State Plan (2006-2012).</li> </ul>
D. Other initiatives by DMHMRSAS to address concerns about staffing ratios.	<ul style="list-style-type: none"> <li>• DMHMRSAS described the following additional areas of focus related to staffing deployment in which work is being done: <ul style="list-style-type: none"> <li>○ The effectiveness of 1:1 assignments</li> <li>○ Discharge readiness and its impact on census size</li> <li>○ Risk aversion versus the dignity of risk as it effects staffing patterns</li> </ul> </li> </ul>
<b>Recommendation Status</b>	
Recommendation 4 remains <b>ACTIVE</b> .	
<p><b><i>DMHMRSAS 4/12/06 Response:</i></b></p> <p><i>The Department recognizes the importance of undertaking a study to determine the appropriate staffing ratios within Training Centers. This will be most important as we right size and begin to serve those persons within the levels identified in our comprehensive planning process. Related to such efforts ,the DMHMRSAS continues to work with the AAMR to achieve approvals for modifications to the Support Intensity Scale (SIS developed by the AAMR) and if adopted in Virginia would provide an assessment tool identifying the level of support that would be needed by persons with mental retardation whether in community or facility. It is anticipated staffing ratios will be developed for Levels 4 and 5 based upon the SIS assessment. The Department's investigation of the SIS has found that Level 4 staffing would require 24 hours client supervision, much of which is intensive in nature. At times, some level of one-on-one supervision would be required and therapeutic intervention necessary to protect the client/ others, or to maintain a minimum acceptable standard in quality of life. Examples of <u>Level 4 Care</u> include: 1) An individual whose medical treatment requires close monitoring by a trained professional so as to maintain his/her safety. This monitoring may be undertaken by non-professional direct support staff with access to trained medical professionals for service review; 2) An individual whose behavior is proven to escalate in a manner that endangers self / others under contain conditions. This maintenance of safety would be very dependent on support levels provided by persons trained in the specifics of a specialized Behavior Management Plans. <u>Level 5 Care</u> requires 24 hours medical (to include skilled nursing) care, behavioral and other specialized support/supervision to maintain a minimum acceptable standard of quality of life. A high level of training is required for staff engaged in these supports. Clients/residents must also have 24-hour access to professionals in medical and specialty areas. As noted previously, the</i></p>	

*data gleaned from these assessments would provide an indication of consumer clinical acuity that may be used to determine staffing needs. This work is continuing with the Office of Mental Retardation and some agreement is expected by August 2006 relative to AAMR and funds for training in this model will be required in FY 08.*

*In addition, the Office of Facility Operations continues to analyze training centers staffing ratios within the minimum range of acceptability relative to the Department of Justice requirements and continues to explore other states' data. Though population service trends are changing the Department continues to serve persons in other levels of care due to lack of appropriate community placements to meet the need of clients choice, and availability of facility waiver slots. This same Office in collaboration with the Department's Division of Human Resources continues the analysis, with input from the 1:1 Assignment Workgroup, to determine efficiency and effectiveness of the practice of 1:1 supervision. This practice has significant impact upon overtime and staffing need. A report is to be completed by July 1, 2006 with recommendations to the Director of Facility Operations and Assistant Commissioner of Facility Management. A study was also completed of facility relief factors.*

**MR Systemic Recommendation 5:** It is recommended that SEVTC take immediate steps to drastically decrease or eliminate the use of isolated time-out. It is further recommended that DMHMRSAS conduct a study to determine whether or not the use of isolated time-out can be discontinued in all training centers.

**DMHMRSAS Response:** *The DMHMRSAS has over the past several years been committed to the successful reduction of seclusion and restraint. Relative to the findings related to the SEVTC, the Assistant Commissioner for Facility Management will convene a meeting with representatives of the Office of Facility Operations/ QA, the Office of Health and Quality Care, the Office of Risk and Liability Affairs, and MR Facility Directors and their representatives to examine best practice alternatives to the use of isolated time out and undertake an analysis of alternatives used in other facilities. A series of recommendations to the MR centers will result. Target completion date is October 2005.*

Recommendation 5: Key Elements	Assessment of Progress – Fall 2005
A. SEVTC take immediate steps to drastically decrease or eliminate use of isolated time-out (ITO).	<ul style="list-style-type: none"> <li>SEVTC has taken the following steps: <ul style="list-style-type: none"> <li>Reviewed overall usage of ITO and identified persons who appear to be outliers in relationship to the usage of this practice.</li> <li>Reviewed behavioral plans for all persons for whom ITO is an approved intervention. As a result of this review, the number of plans that include ITO has decreased from 15 to 7 by the end of 2005.</li> <li>Provided training to staff regarding positive behavioral supports.</li> </ul> </li> <li>Annual utilization of ITO at SEVTC for three years is as follows: FY2004 – 651, FY2005 – 463, and FY2006 – 160 during the first six months. This pattern shows a steady drop in the use of ITO, however, the highest annual usage by any other facility during this same period was 27. See Attachment B for greater detail.</li> </ul>
B. DMHMRSAS conduct study to determine whether or not the use of isolated time-out can be discontinued in all training centers.	<ul style="list-style-type: none"> <li>The workgroup referenced in the DMHMRSAS response that would convene representatives from central office and facilities to examine best practice alternatives to the use of isolated time out, analyze alternatives, and make recommendations has not been convened.</li> <li>Commissioner Reinhard and the State MH/MR/SA Service Board have approved the revised State Human Rights Regulation that will not permit ITO.</li> </ul>
C. Other relevant initiatives by SEVTC.	<ul style="list-style-type: none"> <li>The SEVTC director reports that the facility has developed a proposal for a special unit to serve individuals with a dual diagnosis or behavioral challenges. This proposal was submitted to DMHMRSAS in September 2005.</li> </ul>
D. Other initiatives by DMHMRSAS central office related to practice of isolated time out at SEVTC.	<ul style="list-style-type: none"> <li>DMHMRSAS took the following additional steps: <ul style="list-style-type: none"> <li>The central office medical director conducted a review of the facility’s use of isolated timeout. This report includes a number of recommendations.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ An outside consultant, Denny Reid, PhD, was engaged by DMHMRSAS to review SEVTC's use of restrictive procedures and provide consultation on specific cases.</li> </ul>
<b>Recommendation Status</b>	
Recommendation 5 remains <b>ACTIVE</b> .	
<p><b>DMHMRSAS 4/12/06 Response:</b></p> <p><i>In addition to the steps SEVTC has been acknowledged to take, the Facility Director has recently hired a behavioral psychologist who began employment on April 10th, 2006. She will assist in building an infrastructure related to development of positive behavioral supports for outlier residents. This individual should assist staff in reaching goals to further reduce ITO.</i></p> <p><i>The Medical Director of the Department also convened a team of staff to conduct an internal review of SEVTC. The following questions guided the review:</i></p> <ul style="list-style-type: none"> <li>▪ <i>Are current residents and on-going admissions to SEVTC significantly different than those admitted to other training centers and, if so, are they representative of an emerging trend?</i></li> <li>▪ <i>What are the clinical/diagnostic characteristics of the eight individuals of SEVTC identified as outliers in the use of time out?</i></li> <li>▪ <i>What are the environmental strengths and weaknesses of SEVTC in addressing needs of these residents?</i></li> <li>▪ <i>What are the clinical strengths and weaknesses of staff in addressing resident needs?</i></li> <li>▪ <i>Are there additional resources that are needed at SEVTC to meet resident needs?</i></li> </ul> <p><i>The recommendations related to the findings of this review were presented to the Clinical Services Quality Management Committee for discussion with the SEVTC Facility Director and are available to the Inspector General as a member of the Committee. The actions undertaken by SEVTC relative to recommendations will be monitored by the CSQMC.</i></p> <p><i>In lieu of undertaking a study of systemic use of time out, the Department has called upon two specialists in the mental retardation field, Denny Reid, Ph.D. and Tom Pomeranz, Ph.D. to review restrictive procedures and to provide training in alternative behavior management approaches. Each consultant continues to be available to Training Centers as needed.</i></p>	

**MR Systemic Recommendation 6:** It is recommended that DMHMRSAS take steps to enable more consistent reporting of critical incidents so that the variable staffing pattern for medical personnel among the five training center no longer causes inconsistent reporting.

**DMHMRSAS Response:** *The Director of the Office of Risk and Liability Affairs and the Director of Facility Operations will be meeting in March 2005 with Risk Managers from all state facilities to examine this recommendation. The Code of Virginia related to reporting of critical incidents (Section 51.5-39.12) requires the reporting to the Virginia Office of Protection and Advocacy (VOPA) of a critical incident defined as death or a serious bodily injury requiring medical treatment. Agreement with VOPA has defined medical treatment to be that treatment provide by a physician or an extender.*

*One of the MR Training Centers, CVTC, as indicated in the OIG report, continues to be an outlier in physician handling of critical incidents. CVTC is the only MR facility, which is a certified as a skilled nursing facility thus having physician capability around the clock to handle such cases. Thus, they do not have to maintain prn or standing orders. The Department will be re-visiting once again the reporting requirements and operational definitions of “serious bodily injury” and “medical treatment”. CVTC will also be examining internal policies and practices regarding critical incident reporting as part of its participation with the above referenced group with the intent of altering policy. Final recommendations and actions will be forthcoming by August 1, 2005.*

Recommendation 6: Key Elements	Assessment of Progress – Fall 2005
A. Directors of Risk and Liability Affairs and Facility Operations meet in March 2005 with risk managers to examine recommendation.	<ul style="list-style-type: none"> <li>This recommendation was reviewed at the spring 2005 meeting of the state-wide group of risk managers. The group recommended that CVTC revise it’s policy to align with the policies of the other four facilities since the reporting inconsistency is primarily attributed to variation in CVTC practices.</li> </ul>
B. DMHMRSAS re-visit reporting requirements and operational definitions of “serious bodily injury” and “medical treatment”.	<ul style="list-style-type: none"> <li>The Director of the Office of Risk and Liability Affairs has provided revised guidance to facility risk managers and facility directors regarding the reporting of critical incidents with the goal of moving toward more consistent reporting. She also has plans to meet with the facility medical directors to talk about this issue.</li> </ul>
C. CVTC examine internal policies and practices regarding critical incident reporting.	<ul style="list-style-type: none"> <li>CVTC revised its policy regarding the Health Care for Minor Injuries (First Aid), which authorizes RNs to treat minor injuries. The policy change was to be implemented in January 2006.</li> </ul>
Recommendation Status	
Recommendation 6 remains <b>ACTIVE</b> .	

***DMHMRSAS 4/12/06 Response:***

*The Department's Director of Risk Management and Liability Affairs has reported that the VOPA Reporting Guidelines as referenced in the Departmental Instruction 401 have been re-visited with the Facility Risk Managers and Facility Directors. Written guidelines were distributed to address reporting in the context of defining "serious bodily injury" and "medical treatment" and Emergency Room and Hospital visits.*

*Hospital/Emergency Rooms:*

- *If the visit is merely diagnostic and no treatment was provided → NOT SERIOUS INJURY FOR VOPA REPORTING PURPOSES*
- *However, if treatment is provided during visit that is related to the incident at hand → IT IS SERIOUS INJURY FOR VOPA REPORTABLE PURPOSES. (Red font reflects revision we agreed on yesterday & will be shared at March statewide risk management meeting)*
- *If an initial x-ray shows no injury → NOT SERIOUS INJURY FOR VOPA REPORTING PURPOSES.*
- *If after subsequent complaint, the individual is reassessed, or an x-ray is re-read and an injury is found at that time → IT IS SERIOUS INJURY FOR VOPA REPORTABLE PURPOSES, but discovery time will be noted as the time the injury was actually later discovered.*

*Medical Treatment*

- *CVTC has begun to assign staff other than physicians and/or physician extenders to apply first aid (band-aids, icepacks, etc.) This should reduce reportable incidents requiring "medical treatment" at this facility as this term is used for VOPA reporting. This practice is more consistent with other facilities practices.*
- *There are some disparities with how facilities approach Nursing Protocols and PRN orders when it comes to administering Tylenol, aspirin, etc.*

*In keeping with the OIG's suggestion, the Office of Risk & Liability Affairs will discuss with the Department Medical Director the possibilities of engaging the Facility Medical Directors in a dialogue on this issue. Protocols will also be discussed at the Nurse Executives forums.*

*At least two facility Risk Managers will be included in any discussions related to protocols so that varying sides of spectrum can be represented as they experience them. One of our Risk Managers who is also an RN will be included to reflect on the issues from the perspective of her nursing expertise combined with her risk management role.*

**MR Systemic Recommendation 7:** It is recommended that DMHMRSAS continue to advocate for an increase in the number of Mental Retardation Medicaid Waiver slots that are dedicated to training center discharges in order to enable residents who have been determined clinically ready for discharge and who wish to live in the community to be discharged. It is further recommended that DMHMRSAS continue to advocate for additional Mental Retardation Medicaid Waiver slots for the community in order to address community need and to prevent unnecessary admissions to the training centers.

*DMHMRSAS Response:* As the Inspector General's report has noted, DMHMRSAS is committed to promoting choice and the highest possible level of participation in work, relationships, and all aspects of community living for consumers. The Department has vigorously advocated, and will continue to advocate, for additional Medicaid Waiver slots dedicated to training center consumers who are determined clinically ready for discharge and who wish to live in the community, and for additional slots for communities to address community need and to prevent unnecessary admissions to the training centers.

Recommendation 7: Key Elements	Assessment of Progress – Fall 2005
A. DMHMRSAS advocate for increase in MR Medicaid Waiver slots to enable discharge of residents deemed clinically ready for discharge.	<ul style="list-style-type: none"> <li>In response to the DMHMRSAS request, the Governor's 2006-08 biennium budget includes additional slots to enable discharges from CVTC and SEVTC: 80 slots in FY2007 and 69 in FY2008 plus \$4,000 in startup costs per slot.</li> </ul>
B. DMHMRSAS advocate for increase in MR Medicaid Waiver slots to address community need and prevent unnecessary admissions.	<ul style="list-style-type: none"> <li>In response to the DMHMRSAS request, the Governor's 2006-08 biennium budget includes additional community slots: 80 in FY2007 and 69 in FY2008 plus \$4,000 in startup costs per slot.</li> </ul>
C. Other initiatives by DMHMRSAS to enhance the effectiveness of the MR Medicaid Waiver program.	<ul style="list-style-type: none"> <li>In response to the DMHMRSAS request, the Governor's 2006-08 biennium budget includes a 10% rate increase for congregate living services and 5% for other services.</li> </ul>
Recommendation Status	
Recommendation 7 remains <b>ACTIVE</b> .	

**DMHMRSAS 4/12/06 Response:**

*The Department has continued to propose the need for community based waiver slots available for both facility and community. The Governor's budget includes 28 (FY 07) and 52 (FY 08) slots for SEVTC and 52 (FY 07) and 97 (FY 08) slots for CVTC to enable discharge choice and facility right-sizing.*

**MR Systemic Recommendation 8:** It is recommended that DMHMRSAS conduct specific system-wide comprehensive planning that will clarify the population to be served, the types of services to be delivered, the projected census, and the type of physical plants needed for the training center system in the future before decisions regarding significant capital improvement projects are made. This planning process should include broad stakeholder involvement.

**DMHMRSAS Response:** As reported in our response to recommendation #3, the MR Special Populations Workgroup has been charged with developing a methodology to assist the Department's comprehensive planning for the MR population. Included in this workgroup are parent, advocate, private provider, state facility and CSB representation. More recently, a representative of the Department's Office of Architecture and Engineering has been added to the workgroup. The methodology, when applied in the regions, should provide data that identifies projected census, population(s) to be served, and services at the Training Centers. Concurrently, a review of physical plant design development is being undertaken. Since form follows function, the plant design process also will require identification of the specific populations to be served. The result of this work will be integrated into the Capitol Improvement submissions, which will be due to the Governor in June 2005.

Recommendation 8: Key Elements	Assessment of Progress – Fall 2005
A. MR Special Populations Workgroup develop methodology to assist with comprehensive planning for MR population..	<ul style="list-style-type: none"> <li>• This has not been accomplished.</li> </ul>
B. Apply methodology in regions to provide data that identifies projected census, population(s) to be served and services at the Training Centers	<ul style="list-style-type: none"> <li>• This has not been accomplished</li> </ul>
C. Undertake review of physical plan design which will require identification of specific populations to be served.	<ul style="list-style-type: none"> <li>• This has not been accomplished</li> </ul>
D. Integrate the results of the above efforts into the Capitol Improvement submissions due to Governor in June 2005.	<ul style="list-style-type: none"> <li>• DMHMRSAS submitted a capitol improvement plan to the Office of the Governor that includes requests for funds to replace two training centers. Both have been included in the Governor's FY2006-FY2008 biennium budget.</li> </ul>
E. Other related activities of the MR Special Populations Workgroup.	<ul style="list-style-type: none"> <li>• In House Document 76 entitled "The Cost and Feasibility of Alternatives to the State's Five Mental Retardation Training Centers", DMHMRSAS identifies Finding C – Strategies and Costs for Developing Community Alternatives and Reducing the Size of the Five State Training Centers. In this finding, changes in the role and size of existing training centers are proposed: <ul style="list-style-type: none"> <li>○ Reduce census at the state training centers by 100 persons per year for the next 4 biennia.</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>○ Refocus the specialized services at the training centers to become Regional Community Support Centers (RSC) that provide specialized services through satellite clinics.</li> <li>○ Change the role of the state training centers to Intensive Support Centers (ISC), residential options that fit the criteria for individuals with the highest levels of support need. Options include: <ul style="list-style-type: none"> <li>• Short-term residential options for persons in need of intensive support due to behavioral or high medical support issues before returning to the community placement.</li> <li>• Temporary emergency support for persons with specialized needs due to mental retardation during periods of natural or man-made disasters or individual crisis when other community options are exhausted.</li> <li>• Long-term residential specialized support for persons with mental retardation who have the highest level of long-term medical needs or behavioral needs that are preventing successful community living.</li> </ul> </li> </ul>
F. Further discussion of this finding by the OIG.	<ul style="list-style-type: none"> <li>• DMHMRSAS is now in the process of seeking input from a wide variety of stakeholders to the design concepts for new facilities at CVTC and SEVTC. To date, however, DMHMRSAS has not clarified the population to be served, the types of services to be delivered, and the projected census for the training center system in the future. This should be accomplished before facility design is initiated or there is risk that facilities will be constructed to meet current needs and populations served but not effectively meet the future needs of the Commonwealth.</li> </ul>
<b>Recommendation Status</b>	
Recommendation 8 remains <b>ACTIVE</b> .	
<p><b>DMHMRSAS 4/12/06 Response:</b></p> <p><i>To develop the methodology to assist in comprehensive planning for the mentally retarded population the Mental Retardation Special Populations Work Group created the Sub-Committee on Levels of Need and Support Options for Virginia. This group was charged with developing strategies for transformation of the MR system, including identifying the role of state training centers and community-based services. The Level of Support Model defines 5 levels of support that assist in determining the general needs of an individual with mental retardation, and what might be required for the system to support that person. It was determined that State Training Centers will be more cost effective with a focus on service to only the individuals requiring the highest level of support, reducing overall population size, and replacing older buildings through one-time capital expenditures. The Supports Intensity Scale, develop by AAMR is recommended to become the tool the Virginia adopts statewide as an assessment of the level of support</i></p>	

*needed by persons with mental retardation. The levels do not take away the personal preference and choice of individuals with mental retardation.*

*The levels of Support needs are provided in Appendix A.*

*The Committee identified individuals with highest levels of need 4 and 5 (Level of Support Model) as the population most appropriate for Training Centers.*

*In addition, a variety of options and strategies were discussed relative to addressing the needs of all clients in the MR system of care and for transforming the role of training centers and community based services.*

*These options and strategies were ranked as described below:*

<b>Community Waiver Alone consultation Center/ICF/MR</b>	#1	<ul style="list-style-type: none"><li>● <i>Modify the Mental Retardation (MR) Waiver to allow reimbursement for therapeutic behavioral</i></li><li>● <i>Provide for increased personnel cost</i></li><li>● <i>Provide Community Investments Grants</i></li><li>● <i>Increase Flexibility in the MR Waiver</i></li><li>● <i>Increase the rate of Supported Employment</i></li><li>● <i>Modify Day Support Waiver to become a general “Supports Waiver”</i></li><li>● <i>Approve 1,000 slots for the MR Waiver.</i></li><li>● <i>Build Options for Individualized Supports that are Non-Waver.</i></li><li>● <i>Establish public guardianship programs</i></li><li>● <i>Train Providers.</i></li><li>● <i>Develop a system to administer auxiliary grants.</i></li><li>● <i>Reduce census at the state training centers.</i></li><li>● <i>Refocus the specialized services at the training centers to become Regional Community Support Centers (RCSC).</i></li><li>● <i>Change the role the state training centers.</i></li><li>● <i>Increase the MR Waiver reimbursement rates 10%</i></li><li>● <i>Make an annual cost of living adjustment (COLA) Medicaid Waiver rates</i></li><li>● <i>Create an additional 17% rate differential for Northern Virginia</i></li><li>● <i>Create an additional 10% differential for all congregate residential services that are 4 beds or</i></li></ul>
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less.

<b>Community Waiver Alone</b>	#2	Addressed under #1
<b>Family Support</b>	#3	• Increase Family Support funding.
<b>Community ICF/MR Alone</b>	#4	Not feasible
<b>Training Center Alone</b>	#5	Not feasible

*Other activities and proposals put forth by the MR Special Populations Work-Group were designed to prevent or to provide alternatives to facility placement. These proposals include:*

Increasing Family Support Funding provide flexible dollars to be spent on behalf of families for needs that exist related to the care of a family member with mental retardation that are not met through the Waivers or other funding.

*Each Budget Addition Will Continue in Succeeding Years*

<b>FY 2007-08</b>	<b>FY 2009-10</b>	<b>FY 2011-12</b>	<b>FY 2013-14</b>
\$10,521,300	\$4,200,000	\$2,000,000	\$2,000,000

Establishing public guardianship programs around the state designed to protect the rights of individuals with limited or no family involvement who cannot make their own decisions regarding medical, financial, or programmatic decisions.

*Each Budget Addition Will Continue in Succeeding Years*

<b>FY 2007-08</b>	<b>FY 2009-10</b>	<b>FY 2011-12</b>	<b>FY 2013-14</b>
\$12,300,000	\$10,800,000	\$900,000	\$900,000

Train providers of services and families in practices to enhance the quality of services available in the community. Prioritized behavioral intervention training.

*Each Budget Addition Will Continue in Succeeding Years*

<b>FY 2007-08</b>	<b>FY 2009-10</b>	<b>FY 2011-12</b>	<b>FY 2013-14</b>
\$80,000	\$40,000	\$40,000	\$40,000

Develop a system to administer grants for non-waiver services to persons with mental retardation of \$200 per month each to go toward room and board expenses. These grants would be administered through the DMHMRSAS and would be used to enhance the Supplemental Security income (SSI) benefits to pay for room and board expenses for adults with mental retardation who are living in the community. (Designed to avoid hospitalization or admission to training centers.)

*Each Budget Addition Will Continue in Succeeding Years*

<b><i>FY 2007-08</i></b>	<b><i>FY 2009-10</i></b>	<b><i>FY 2011-12</i></b>	<b><i>FY 2013-14</i></b>
<i>0</i>	<i>\$10,614,240</i>	<i>\$720,000</i>	<i>\$720,000</i>

*The Department anticipates that after re-build funds are appropriated by the General Assembly, a design input group comprised of a broad spectrum of stakeholders will meet to assure that the physical plant design at SEVTC and CVTC meets the needs of individuals in levels 4 and 5. SIS implementation should enable training centers to determine numbers of clients within each of the categories of need. However, much work will be needed in communities relative to data availability relative to the levels of need in the community arena.*

*A broad range of stakeholders contributed to the comprehensive plan including representatives from: the ARC of Virginia, training centers, Community Services Boards and Behavioral health Authorities, Department of Medical Assistance Services, Virginia Board for persons with Disabilities, Parents and Associates of the Institutionalized retarded, among others.*

**MR Systemic Recommendation 9:** It is recommended that each training center develop a process for routinely seeking evaluative comments from consumers, families and community providers regarding the quality of services provided by the facility, the effectiveness of the facility's relationship with the broader provider service system, and general satisfaction with services.

**DMHMRSAS Response:** *The Department recognizes the importance of feedback from family members, consumers and community providers in the continuous quality improvement efforts for MR facilities. Thus, the Office of Mental Retardation will collaborate with the Office of Facility Operations/QA in convening a group of facility representatives, advocates, family members and providers. The purpose of this group will be to develop instruments that provide facilities and the Department with a broad range of information and feedback concerning service quality and effectiveness. As part of this process, each facility will identify current mechanisms in place for receiving feedback, and will determine revised or new methods to enhance feedback opportunities that are most useful to its region and its stakeholders. It is anticipated that testing of these instruments could occur in September 2005.*

Recommendation 9: Key Elements	Assessment of Progress – Fall 2005
A. Each training center develop process for routinely seeking evaluative comments from consumers, families and community providers regarding: quality of services and effectiveness of facility's relationship with broader service system.	<ul style="list-style-type: none"> <li>Two survey instruments have been developed by the DMHMRSAS Quality Management Office: <ul style="list-style-type: none"> <li>Family/AR Satisfaction Survey – This instrument was developed with input from family members and authorized representatives. It has been administered by NVTC, CVTC and SVTC with data to be reported to DMHMRSAS central office by February 10, 2006. This instrument was not used by SWTC and SEVTC because these two facilities had already developed and conducted their own surveys for which reports have already been completed.</li> <li>CSB Satisfaction Survey – A draft of this instrument has been developed.</li> </ul> </li> <li>Decisions regarding how often these surveys will be administered and how the results will be utilized have not yet been made.</li> </ul>
Recommendation Status	Additional Action Recommended
Recommendation 9 remains <b>ACTIVE</b> .	<ul style="list-style-type: none"> <li>Once the satisfaction survey results have been compiled, each training center will develop a plan for how the results of each survey will be used to enhance the quality and effectiveness of services.</li> <li>Each training center will establish a plan or clear expectations regarding how stakeholder feedback will be collected on an ongoing or periodic basis.</li> </ul>

**DMHMRSAS 4/12/06 Response:**

*It is anticipated that at the May 2006 Facility Directors Meeting, Training Center Directors will discuss and decide survey administration periods*

*for both the Family and Authorized Representative Survey and Community Provider Surveys. Each Training Center will formulate a plan for how the results will be used to address client/provider satisfaction and/or recommendations.*

## CENTRAL VIRGINIA TRAINING CENTER FINDINGS AND RECOMMENDATIONS

**CVTC Finding 1:** The majority of staff interviewed indicated that the facility did not have a formalized mission statement.

**Recommendation:** It is recommended that CVTC develops a mission statement with broad-based staff participation and assure that the mission statement is consistent with the system-wide DMHMRSAS Vision Statement.

*DMHMRSAS Response: CVTC has begun the strategic planning process initiated by the Facility Director with all Departments and levels of staff to gain input and agreement on what CVTC's mission, vision and value statement should look like. This process began in December 2004 and drafts are presently being formulated.*

*In addition, the facility will work with the initiative undertaken within the Department's division of Facility Management as noted within our response to the systems recommendation. (See Systems Recommendations 1 and 2.) They will collaborate with the other Mental Retardation Facility Directors to identify training and actions needed to assure the facility culture reflects the mission and vision of the Department. Target date for completion of this initiative is June 30, 2005*

Recommendation 1: Key Elements	Assessment of Progress – Fall 2005
A. CVTC develop mission statement with broad-based input and assure consistency with DMHMRSAS Vision	<ul style="list-style-type: none"> <li>CVTC developed a mission statement and sought input from various levels of staffing. See Recommendation 1, Key Element A of the Systemic Review on 4 of this report for additional information.</li> </ul>
B. CVTC collaborate with other facilities to identify training and actions needed to assure facility culture reflects mission, vision and values of DMHMRSAS.	<ul style="list-style-type: none"> <li>CVTC and other facilities have not initiated a collaborative effort to identify training and actions needed. Most of this work has been done by individual training centers. See Recommendation 1, Key Element D of the Systemic Review on page 5 of this report.</li> </ul>
Recommendation Status	Additional Action Recommended
Recommendation 1 remains <b>ACTIVE</b> .	See Further Action Required for Recommendations 1 and 2 of the Systemic Review on page 6 of this report.

**DMHMRSAS 4/12/06 Response:** See Systemic Actions 1 and 2

**CVTC Finding 2:** A majority of the residents at CVTC have been diagnosed with mental retardation, unspecified.

**Recommendation:** It is recommended that the facility review the current diagnosis of its residents to determine if a level of functioning and severity of mental retardation can be determined.

*DMHMRSAS Response: CVTC has begun a process of reevaluation of the mental retardation diagnoses documented in the medical records. This is done through the ID Team process with the psychologist, psychiatrist and other ID Team members input into the evaluations, thus this will take a full IHP cycle to complete all individuals who live at CVTC. An estimated target date of completion would be October 2005.*

Recommendation 2: Key Elements	Assessment of Progress – Fall 2005
A. CVTC Interdisciplinary Teams review current diagnosis of residents to determine if a level of functioning and severity of mental retardation can be determined . Target October 2005.	<ul style="list-style-type: none"><li>CVTC conducted a review of each consumer at the time of the annual individualized habilitation plan to determine level of functioning and severity of mental retardation. At the time of the OIG visit, this documentation had been placed in the records of all but very limited number of charts.</li></ul>
Recommendation Status	
Recommendation 2 is now <b>INACTIVE</b> .	



## SOUTHEASTERN VIRGINIA TRAINING CENTER FINDINGS AND RECOMMENDATIONS

**SEVTC Finding 1:** The majority of staff interviewed, including administrative, clinical and direct care staff, indicated that the facility did not have a formalized mission statement. The majority of staff interviewed, including administrative, clinical and direct care staff, indicated that the facility did not have a formalized mission statement.

**Recommendation:** It is recommended that SEVTC develops a mission statement with broad-based staff participation and assure that the mission statement is consistent with the system-wide DMHMRSAS Vision Statement.

***DMHMRSAS Response:** SEVTC's leadership staff will work the initiative undertaken within the Department's Division of Facility Management as noted within our response to the systems recommendations to assure their mission, vision and values are consistent with that of the Department. They will collaborate with the other MR Facility Directors to identify training and actions needed to assure the facility culture reflects the mission, vision and values of the Department. The target date for this initiative is June 30, 2005.*

Recommendation 1: Key Elements	Assessment of Progress – Fall 2005
A. SEVTC develop mission statement with broad-based input and assure consistency with DMHMRSAS Vision Statement.	<ul style="list-style-type: none"> <li>SEVTC developed a mission statement with the involvement of the executive team. See Recommendation 1, Key Element A of the Systemic Review on page 4 of this report for additional information.</li> </ul>
B. SEVTC collaborate with other facilities to identify training and actions needed to assure facility culture reflects mission, vision and values of DMHMRSAS.	<ul style="list-style-type: none"> <li>SEVTC and other facilities have not initiated a collaborative effort to identify training and actions needed. Most of this work has been done by individual training centers. See Recommendation 1, Key Element D of the Systemic Review on page 5 of this report.</li> </ul>
Recommendation Status	Further Action Required
Recommendation 1 remains <b>ACTIVE</b> .	<ul style="list-style-type: none"> <li>See Further Action Required for Recommendations 1 and 2 of the Systemic Review on page 6 of this report.</li> </ul>

***DMHMRSAS 4/12/06 Response:** See Systemic Recommendation 1 Response*

**SEVTC Finding 2:** SEVTC used isolated time-out 529 times during 2004. The maximum number of times any of the other 4 training centers used this most restrictive technique during the same period was 15 times. One of the other four training centers has been able to eliminate the use of use of isolated time-out and has banned the use of the technique.

**Recommendation:** It is recommended that SEVTC take immediate steps to drastically decrease or eliminate the use of isolated time-out.

***DMHMRSAS Response:** (See DMHMRSAS response to this recommendation within systems recommendations) The Department would also like to point out that three individuals accounted for a majority of the ITO occurrences in 2004. Program data for two of those individuals shows significant progress later in the year. In fact, during the last quarter of 2004, these two individuals had a combined total of just ten occurrences. The team at SEVTC continues to work with the third individual. Center interdisciplinary teams will review all residents with programs that include isolated time-out with a goal of decreasing use of this procedure during 2005.*

*In addition, SEVTC will participate in an initiative undertaken by the Central Office - Office of Health and Quality Care (OHQC) which in part will determine the reasons why SEVTC is an outlier relative to the use of isolated time out and will examine best practices in addressing challenging behaviors. A series of recommendations will be forthcoming from the work with the OHQC by October 2005. SEVTC is being encouraged to obtain case consultation and technical assistance through the OHQC regarding cases with the highest use of Isolated Time out. These efforts will be on going through 2005.*

Recommendation 2: Key Elements	Assessment of Progress – Fall 2005
See Recommendation 5 of the Systemic Review on page 5 of this report.	<ul style="list-style-type: none"> <li>See Recommendation 5 of the Systemic Review on page 14 of this report.</li> </ul>
Recommendation Status	
Recommendation 2 remains <b>ACTIVE</b> .	
<i><b>DMHMRSAS 4/12/06 Response:</b> See Systemic Recommendation 5 Response</i>	

**SEVTC Finding 3:** There was evidence that Building 28, in particular, and the grounds, in general were not well maintained during the time of the facility inspection.

**Recommendation:** It is recommended that SEVTC develop a specific mechanism for tracking the condition and maintenance of Building 28 as this residential unit has been and continues to be the site with numerous environment of care issues.

***DMHMRSAS Response:** The Buildings and Grounds Department at SEVTC, which includes Maintenance and Housekeeping, makes routine rounds to assure that cottages and grounds are maintained appropriately. Quarterly surveys are done of staff for their input on services. The Safety Program also includes Building 28 on a rotating basis with the others in Safety Rounds looking for dangers to residents and staff. Each of these programs will focus closer attention on Building 28 and make more routine rounds of both inside and outside the building effective February 14, 2005. A Quality Management pinpoint at SEVTC will be added to the current QM Plan to monitor these activities. Works orders will be immediately generated from these rounds for any item that is broken, dirty, or a safety hazard.*

Recommendation 3: Key Elements	Assessment of Progress – Fall 2005
A. SEVTC develop mechanism to track condition and maintenance of Building 28.	<ul style="list-style-type: none"> <li>• Additional maintenance “walk throughs” of Building 28 by Building &amp; Grounds staff have been initiated. Work orders generated through this monitoring process have been reported to the Quality Assurance Committee for tracking to assure completion in a timely manner. The OIG reviewed actual work orders.</li> <li>• OIG staff noted during the recent visit to the facility that the exterior maintenance on buildings across the campus, including Building 28, had improved significantly. Efforts to improve the interior condition of the residential units were also noted.</li> </ul>
B. SEVTC add a Quality Management pinpoint to the QM Plan to monitor the rounds by Maintenance and Housekeeping and the checks by the Safety Program .	<ul style="list-style-type: none"> <li>• This has not been accomplished.</li> </ul>
Recommendation Status	
Recommendation 3 is now <b>INACTIVE</b> .	

**SEVTC Finding 4:** Despite the fact that each shift did have on duty the number of staff that are called for in the facility's established staffing ratio, staff deployment during certain activities observed by the OIG was not sufficient to create a treatment environment that engaged residents in training/treatment programs and met the individualized training needs of the residents in a consistent manner.

**Recommendation:** It is recommended that SEVTC review staffing patterns and deployment of staff to assure that the complement available allows for the active treatment of residents at all times.

***DMHMRSAS Response:** The SEVTC Program Director and Quality Manager will evaluate staff competencies to assure active treatment is occurring in cottages. Where skill sets are deficient related to the provision of active treatment the Program Director will meet with the Training Director to identify a training plan to assure a time frame for staff to obtain training. These activities will be completed by June 30, 2005. The facility will also gradually reduce the resident census by a minimum of 8 beds in order to improve staffing ratios as agreed earlier in this year. As recommended, SEVTC will continuously review deployment of staff to assure individualized resident needs relative to supervision and treatment planning and will be able to demonstrate staff redeployment based upon need at any given time.*

Recommendation 4: Key Elements	Assessment of Progress – Fall 2005
A. SEVTC Program Director and Quality Manager will evaluate staff competencies. Where skill sets are deficient, the Program Director will meet with Training Director to identify training plan.	<ul style="list-style-type: none"> <li>No progress has been made on this item to date.</li> </ul>
B. SEVTC will gradually reduce resident census by a minimum of 8 beds to improve staffing ratios.	<ul style="list-style-type: none"> <li>SEVTC's goal has been to decrease the census to 192. At the time of the September 2004 OIG visit, the census was 199. One year later when the OIG returned for this follow-up inspection, the census had dropped to 194.</li> </ul>
C. SEVTC will continuously review deployment of staff to assure individualized resident needs relative to supervision and treatment planning and will be able to demonstrate staff redeployment based upon need at any given time.	<ul style="list-style-type: none"> <li>The facility director reported that staffing schedules are reviewed for compliance with established minimum staffing requirements on an ongoing basis. He stated that these standards are being met despite the fact that 7 residential direct care positions were redeployed to food services operations in the past year. In order to assure that minimum staffing ratios are met and to make available additional staff when needed to manage difficult behavioral situations, the facility has allowed more relaxed use of overtime so that staff members familiar with the needs and goals of the residents are more likely to be assigned to provide coverage. The facility has also been using more P14 positions to provide coverage, making every effort to use staff who are familiar with residents.</li> </ul>
Recommendation Status	
Recommendation 4 is now <b>INACTIVE</b> .	

## **SEVTC Finding 5: Space for vocational programming and other non-residential unit training activities is not adequate.**

**Recommendation:** It is recommended that DMHMRSAS place the highest priority on adding additional facility space for vocational programming and other non-residential unit training activities.

**DMHMRSAS Response:** SEVTC's residents and staff would benefit from additional space tailored for vocational training and employment to include industrial/production workspace, materials delivery and storage space, and facilities for recycling. Significant improvements of this nature are difficult given current fiscal limitations. SEVTC will seek ways of improving the utility of space currently available. This internal review will be completed by June 30<sup>th</sup>, 2005. Additionally, the Department's 2005 Capital Budget submission includes funds for renovation and construction of three new residential buildings. Within that project space will be allocated for vocational programming. The Capital submission will be forwarded to the Governor by June of 2005.

<b>Recommendation 5: Key Elements</b>	<b>Assessment of Progress – Fall 2005</b>
A. SEVTC will seek ways to improve use of space currently available.	<ul style="list-style-type: none"><li>• SEVTC has converted two classrooms, one in Building 29 and a second in Building 1 to programming space.</li></ul>
B. DMHMRSAS' 2005 Capitol Budget submission includes funds for renovation and construction of new residential buildings.	<ul style="list-style-type: none"><li>• The DMHMRSAS Capitol Improvement Plan proposes replacement of the current configuration of buildings with a smaller "state of the art" campus. The Governor's FY2006-2008 budget includes funds for this project. This plan is currently under consideration by the General Assembly.</li></ul>
<b>Recommendation Status</b>	
Recommendation 5 remains <b>ACTIVE</b> .	

### **DMHMRSAS 4/12/06 Response:**

*The Department is awaiting General Assembly action on the Governor's proposed budget. When the budget passes Design Committees will be convened to assure space provision for vocational and other training activities.*



**SOUTHWESTERN VIRGINIA TRAINING CENTER  
FINDINGS AND RECOMMENDATIONS**

**SWVTC Finding 1: Space for vocational programming and other non-residential unit activities is not adequate.**

**Recommendation:** It is recommended that DMHMRSAS place the highest priority on adding additional facility space for vocational programming and other non-residential unit activities.

**DMHMRSAS Response:** *The Department recognizes that SWVTC's residents would benefit from additional space tailored for vocational programming. Improvements of this nature are difficult given current fiscal limitations. However, the Department's 2005 Capital Proposed Budget includes funds for renovation and construction of residential buildings that will accommodate vocational programming space.*

Recommendation 1: Key Elements	Assessment of Progress – Fall 2005
A. DMHMRSAS's 2005 Capital Proposed Budget includes funds for renovation and construction of residential buildings that will accommodate vocational programming space.	<ul style="list-style-type: none"> <li>The DMHMRSAS Capital Improvement Plan proposes renovations to residential cottages and additions to Buildings 3, 4 and 12. Both of these projects will provide additional programming space. The Governor's FY2006-2008 budget does not include funds for these projects</li> </ul>
Recommendation Status	
Recommendation 1 remains <b>ACTIVE</b> .	

**DMHMRSAS 4/12/06 Response:**

*Without an approved budget for such a project, the SWVTC Facility Director will continue to explore with the Department's Architectural and Engineering Office space options for vocational services.*





**Vision Statement of the Virginia State Board for Mental Health, Mental Retardation  
& Substance Abuse Services**

**Mission and Value Statements of DMHMRSAS Central Office  
Vision, Mission and Value Statements of Virginia's Five Training Centers**

**State Board Vision Statement:**

Our vision is of a consumer-focused system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of consumer participation in all aspects of community life including work, school, family and other meaningful relationships. This vision also includes the principles of inclusion, participation and partnership.

**DMHMRSAS Central Office Mission and Value Statements:**

**Mission:**

The Department of Mental Health, Mental Retardation & Substance Abuse Services will provide leadership and service to improve Virginia's system of quality treatment, habilitation, and prevention services for individuals and their families whose lives are affected by mental illness, mental retardation, or substance use disorders. The Department seeks to promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for these individuals.

**Values:**

- Focus first on individuals receiving services
- Responsiveness to external and internal customers
- Partnership and collaboration
- Professionalism, integrity and trust
- Stewardship

## **Facility Mission, Vision, and Values Statements:**

### **Central Virginia Training Center**

#### **Vision:**

That all individuals who live here will have the resources and supports available in order to live the life of their choice wherever that may be and with whomever they choose. The foundation of this vision is based upon DMHMRSAS's commitment to a community-based system of services and supports that promotes self-determination, empowerment, health and the highest possible level of consumer participation in work, relationships, and all aspects of community life.

#### **Mission:**

To offer choices for people to promote the highest level of participation in all aspects of the individual's daily life.

#### **CVTC values include:**

- Dignity and participation
- Safety and Health
- Choice and Opportunity
- Family and community

### **Northern Virginia Training Center**

#### **Vision:**

Building Partnerships  
Supporting Choices

#### **Mission:**

To help people with Intellectual Disabilities  
LIVE LIFE.

#### **Values:**

- Dignity and respect
- Physical and emotional well-being

- Person centered supports
- Self-determination
- Empowerment of others
- Relationships
- Mutual Support and Teamwork
- Fairness
- Honesty
- Diversity
- Objectivity
- Continuous improvement

### **Southeastern Virginia Training Center**

#### **Mission Statement:**

SEVTC is a partner in the community-based system of supports for persons with mental retardation and related disabilities and their families who live in Health Planning Region 5. We provide education, habilitation, and health services, promote dignity, self-determination, and empowerment; and, support of the work, relationships and lives of individual Virginia citizens.

#### **Vision:**

We envision a consumer-driven system of services and supports that promotes self-determination, empowerment, resilience, health, and the highest possible level of consumer participation in all aspects of community life, including work, school, family and other meaningful relationships.

#### **Values:**

- Services are focused on the preferences, choices, needs, rights, and life decisions of residents and their families.
- Employees are valued as our most important asset.
- Residents and employees are provided an environment that is safe and free from harm.
- Residents, family members, employees, and community providers are partners in planning, habilitation, and treatment.
- Public resources are used in the most effect ways.

## **Southside Virginia Training Center**

### **Vision:**

SVTC will be recognized throughout Virginia as a center that provides outstanding services to individuals with developmental disabilities – where each and every employee is supported in their commitment to improving the lives of these individuals.

### **Mission:**

SVTC is committed to excellence in providing quality, client-centered health and habilitative services for individuals with mental retardation. We provide a client-focused learning and living environment that positively affects the lives of the clients we serve. We extend our commitment beyond the facility boundaries to the wider community through service initiatives and partnerships of mutual interests addressing campus, local, and regional opportunities and challenges. We provide administrative support services to Central Virginia Hospital, Hiram W. Davis Medical Center and the Virginia Center for Rehabilitative Services.

### **SVTC values include:**

- Customer focus – “serve others”
- Respect – “value others”
- Shared decision making – “We’re in this together”
- Responsibility – “Take ownership”
- Integrity – “Walk the talk”
- Honesty – “Be truthful”
- Person centered – “When clients shape their own lives”

## **Southwestern Virginia Training Center**

### **Vision:**

To be a partner in a community based system of services that promotes self-determination, empowerment, recovery, and the highest possible level of resident participation in work, relationships, and all aspects of community life.

### **Goals:**

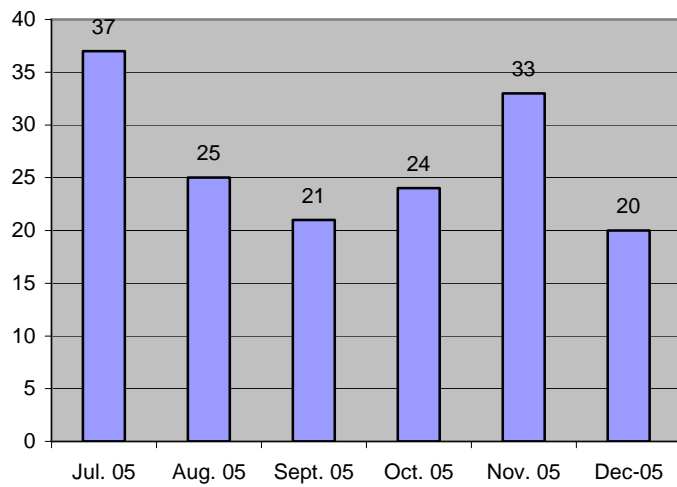
- Each resident and employee is valued.
- Residents are empowered and supported in defining and reaching their goals and in making decision about their lives.
- Employees are empowered to support residents in defining and reaching goals.

- Each resident and employee is provided an environment that is safe and free from harm.
- Residents, families, SWVTC employees, and community providers are partners in treatment.
- Decision processes prioritize resident interests.
- Policies & practices at all levels support the most efficient use of available resources.



## Utilization of Isolated Time-Out by Training Centers

Use of ITO by SEVTC FY06 (1st half)



Use of Isolated Time-Out by Five Training Centers FY04 and FY05

